

# miniupdate

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TO: Medical Directors, Community-Based Clinics  
Directors, Medical Residency Programs  
Directors, Nursing Schools  
Interested Others

February 10, 2004

FROM: Howard Backer, MD, MPH, Acting Chief  
Immunization Branch




Below for your information and reference is an abbreviated copy of the Immunization Branch's bimonthly UPDATE memorandum. The edited version contains medical and technical information on immunization and vaccines. We hope it is helpful. If you have questions on immunizations, please contact the Immunization Coordinator at your local health department.

## Preparedness Gets a Shot in the Arm



## Mass Vaccination Clinics Satellite Broadcast

Pencil March 18, 2004 on your calendar and don't miss this informative and timely satellite broadcast, "Mass Vaccination Clinics: A Reality Check." Mass vaccination clinics have been part of public health history but health departments today are including mass vaccination and prophylaxis clinics in their preparedness plans. This live broadcast is being developed by the Immunization Branch in cooperation with CDC's National Immunization Program. It will air from 9:00-10:30am Pacific Time, Thursday, March 18. A flyer is included in this  UPDATE.

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## DISEASE ACTIVITY AND SURVEILLANCE

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The surveillance data reviewed in this section are reported in Table 1 on the next page.

**Pertussis:** Between January and December 2003, 827 cases with onset in 2003 were reported based on provisional data, resulting in an incidence rate of 2.3 cases per 100,000 population. This is slightly lower than the 876

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cases reported during the same period in 2002. The age group with the highest incidence was children < 1 year of age (45.7 per 100,000 population) representing 32% of all cases. Hispanic infants had the highest incidence among infants at 55.6 per 100,000. Among all age categories, Hispanic cases also had the highest incidence at 2.35 per 100,000. Incidence in White, non-Hispanic cases was 2.1 per 100,000, 0.88 per 100,000 in African American cases and 0.14 per 100,000 in Asian cases. There was one death in 2003: a one-month-old case died of complications due to pertussis disease. The mother had history of cough illness during time of delivery and the child began having symptoms at about two weeks of age. This case was laboratory-confirmed by PCR. All 5 pertussis deaths reported in 2002 were infants.

**Measles:** Five cases of measles were reported in 2003, the same number as in 2002. Four were in adults and one was in a 3-year-old child. All five cases were imported (one each from the Philippines, Hong Kong, Southeast Asia, Israel and Europe) and none had documentation of measles immunization. None of these cases led to any known indigenous cases in contacts.

***Haemophilus influenzae* type b (Hib):** A total of five *Haemophilus influenzae* type b (Hib) cases with onset in 2003 were reported as of December 31, 2003. This is a decrease from the eight reported Hib cases that had onset in 2002. The 2003 cases ranged in age from 1 month to 3 years. Three cases had received the four recommended doses of Hib vaccine, one had no history of immunization, and one was too young to be immunized. In 2003, isolates from all five *Haemophilus influenzae* cases were forwarded to CDC for further testing. Of case with isolates sent to CDC, an initial lab result for one 6-month-old with no history of immunization was non-typeable *Haemophilus influenzae*. However, after further testing at the CDC laboratory,

the specimen was identified as type b. This case illustrates the importance of forwarding such isolates to the CDC for serotype testing.

**Tetanus:** Four cases of tetanus were reported in 2003; three of these were adults. Two cases had history of acute injury: a 50-year-old transient woman and a 10-year-old with unknown immunization status. The other two cases were injecting drug users (IDU). The first IDU case was a 31-year-old Hispanic female from Fresno County with unknown immunization status. The second IDU case was a 46-year-old Hispanic male from San Diego County. In 2002, six cases of tetanus were reported, four of which were in IDUs.

**Hepatitis A:** Between January-December 2003, 1,064 cases of hepatitis A were reported based on provisional data, resulting in an incidence rate of 2.9 cases per 100,000 population. This is fewer than the 1,311 cases (3.7 cases per 100,000) reported in 2002. Disease rates have been declining among persons in all age and racial/ethnic groups since 1995 when hepatitis A vaccine was licensed. The majority of cases in 2003 (80%) were in adults over 18 years of age. In 2003, the incidence rate of hepatitis A was highest in Hispanics, at 2.7 cases per 100,000 population (317 cases), followed by White, non-Hispanics at 2.1 (376 cases), Asian/Pacific Islanders at 2.0 (87 cases), and African Americans at 1.3 (32 cases). Another 252 cases were of other or unknown race/ethnicity.

**Hepatitis B:** Between January-December 2003, 589 cases of acute hepatitis B with onset in 2003 were reported, based on provisional data. This is comparable to the 565 cases reported in 2002. The preliminary 2003 state incidence rate is 1.6 per 100,000, unchanged from the

*Continued on page 3...*

**Table 1: Reported Cases with Onset in 2003, by Age Group and Incidence of Selected Vaccine Preventable Diseases California, 2003 (Provisional – as of 12/31/03)**

| DISEASE  | Age Groups |          |         | Unknown | All Ages |                   |
|--|------------|----------|---------|---------|----------|-------------------|
|  | 0-4 yrs    | 5-17 yrs | 18+ yrs |         | Cases    | Rate <sup>1</sup> |
| Congenital Rubella Syndrome                      | 0          | 0        | 0       | 0       | 0        | 0.0               |
| <i>H. influenzae</i> , type B (Hib) <sup>2</sup> | 5          | 0        | 0       | 0       | 5        | 0.0               |
| Hepatitis A                                      | 18         | 185      | 858     | 3       | 1064     | 2.9               |
| Hepatitis B                                      | 0          | 1        | 585     | 3       | 589      | 1.6               |
| Measles <sup>3</sup>                             | 1          | 0        | 4       | 0       | 5        | 0.0               |
| Pertussis  | 321        | 285      | 200     | 21      | 827      | 2.3               |
| Rubella <sup>3</sup>                             | 0          | 0        | 0       | 0       | 0        | 0.0               |
| Tetanus  | 0          | 1        | 3       | 0       | 4        | 0.0               |

<sup>1</sup> Incidence Rate = cases/100,000 population

<sup>2</sup> *H. influenzae* is reportable only for cases ≤ 30 years

<sup>3</sup> Confirmed cases only

Source: California Department of Health Services, Immunization Branch

Prepared by California Department of Health Services, Immunization Branch

2002 incidence rate and lower than the preliminary 2003 nationwide incidence rate of 2.3 per 100,000. Hepatitis B incidence in California continues to decline across all age and racial/ethnic groups. Although incidence rates are highest in African Americans (1.5 per 100,000), Whites and Hispanics represent the greatest proportion of the total number of cases (35% and 18%, respectively). The remaining 191 cases were of other or unknown race/ethnicity.

Only four of the cases reported in 2003 were among persons <19 years of age, a decrease from the 10 cases reported in 2002. No cases were reported in infants. All four cases were ≥17 years of age and therefore would not have been affected by school entry hepatitis B immunization requirements. Since 1995, the incidence of acute hepatitis B among persons <19 years of age has decreased from 1.70 to 0.04 per 100,000. The rate among persons 19 years and older has declined more slowly (from 6.9 to 2.3 per 100,000), indicating the need to focus prevention and education efforts among the adult population.

**Invasive Pneumococcal Disease:** Three cases of pneumococcal disease with onset in 2003 were reported to the Immunization Branch as of December 31, 2003. One case, a 4-year-old, had only one dose of pneumococcal conjugate vaccine and two cases (an 18-month-old and a 2-year-old) each had three doses of pneumococcal conjugate vaccine. Vaccine failure was ruled out in the 18-month-old since the disease serotype is not covered by the vaccine, and lab results for the other two cases are pending. Note: A 4-year-old with disease onset in January 2004 also has died. She received three doses of pneumococcal conjugate vaccine; isolates have been sent to the CDC for serotyping.

**Other Reportable VPDs:** As of December 31, 2003 no case reports for rubella, diphtheria, polio, or Congenital Rubella Syndrome (CRS) had been received by the Immunization Branch.

## ASSESSMENT ACTIVITY

### 2003 Child Care Assessment Results

This year's child care immunization assessment results show that over 93% of the 456,675 two- to five-year-olds enrolled in reporting child care centers received all required immunizations mandated by school law for the corresponding school year (3+ Polio, 4+ DTP, 1+ MMR, 1+ Hib, 3+ Hep B, and 1+ varicella). Results are presented in Table 2 on this page.

The coverage level for the varicella requirement (proof of immunization or physician-documented disease) is over 96%, up slightly from last year. All single antigen coverage levels are higher than 95% and are comparable to previous years. The lowest coverage rate for any antigen is 95.6%, for the fourth dose of DTP.

### Fall 2003 Kindergarten Assessment Results

This year's kindergarten immunization assessment results show that 92.5% of the 513,519 children enrolled in reporting kindergartens received all required immunizations mandated by school law for the corresponding school year (3+ Polio, 4+ DTP, 2+ MMR, 3+ Hep B, and 1+ varicella). Results are presented in Table 3 on the next page.

The coverage level for the varicella requirement (proof of immunization or physician-documented disease), 98.6% this year, continues to edge upward. This is particularly impressive given that varicella has only been a requirement since 2001. All single antigen coverage levels surpass the Healthy People 2010 goal of 90% coverage. The lowest antigen coverage continues to be for the fourth dose of DTP (96.5%).

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**Table 2: Child Care Immunization Assessment, 1999–2003**

|  | 1999   | 2000   | 2001   | 2002   | 2003   |
|--|--------|--------|--------|--------|--------|
| Pct. Immunized for Polio 3+                                | 97.6%  | 97.7%  | 97.6%  | 97.8%  | 97.7%  |
| DTP 4+   | 95.6%  | 96.0%  | 96.4%  | 95.3%  | 95.6%  |
| MMR 1+   | 97.9%  | 97.8%  | 98.0%  | 97.9%  | 97.9%  |
| Hib 1+   | 97.0%  | 97.5%  | 97.7%  | 97.8%  | 97.6%  |
| Hep B 3+   | 95.6%  | 96.3%  | 96.5%  | 96.5%  | 96.1%  |
| Varicella 1+*  | n/a    | n/a    | 93.3%  | 95.6%  | 96.3%  |
| Pct. of Enrollees Who Received All Required Immunizations* | 93.11% | 93.38% | 90.32% | 92.82% | 93.35% |
| Pct. with Personal Medical Exemption                       | 0.12%  | 0.12%  | 0.24%  | 0.25%  | 0.25%  |
| Pct. with Personal Belief Exemption                        | 0.52%  | 0.64%  | 1.29%  | 1.27%  | 1.35%  |
| Pct. of Conditional Entrants                               | 6.25%  | 5.86%  | 8.15%  | 5.66%  | 5.05%  |

\*For Varicella, this figure includes children with physician-documented disease

Source: Fall California School Assessments 1999–2003

Prepared by California Department of Health Services, Immunization Branch

## Fall 2003 Seventh Grade Assessment Results

The results of this year's seventh grade immunization assessment show that the percent of students receiving all required immunizations mandated by school law jumped almost 5% this year. As shown in Table 4 below, 78.8% of 544,564 students received all of the required immunizations (Hepatitis B series and two doses of MMR). Hepatitis B and MMR coverage levels are both higher than last year. It is noteworthy that Hepatitis B coverage has increased by 13% since 1999.

## San Diego County RDD: Childhood IZ Results

San Diego County's recently completed multiple Random Digit Dial (RDD) surveys revealed a notable improvement in up-to-date coverage for children (see Table 5 on the next page). Surveys assessed coverage rates for children and adolescents, adults and seniors. More than a quarter million calls were made, yielding 5,223 completed surveys during this eighth year that San Diego County has conducted these surveys.

The methodology is almost identical to CDC's National Immunization Survey (NIS) methodology but with a larger sample size; the statistical weighting is carried out by the same contractor. Results for childhood immunizations (4:3:1) were similar to 2002 NIS estimates for San Diego County. However, the complete series (4:3:1:3:3:1) rates from both the 2002 and 2003 San Diego RDD samples are more than 10 percentage points higher than the estimate from the 2002 NIS San Diego county sample!

Researchers involved with the survey speculate that this difference might be attributable to the use of multi-language interviewers (rather than using AT&T translators), and to the higher response rates of parents and providers furnishing immunization dates.

Whatever the reasons for this dramatic difference, it's clear that San Diego County is doing a great job of getting kids immunized on time. Congratulations!

*More on page 5...*

**Table 3: Kindergarten Immunization Assessment, 1999–2003**

|  | 1999    | 2000    | 2001    | 2002    | 2003    |
|--|---------|---------|---------|---------|---------|
| Number of Schools  | 8,506   | 8,473   | 8,705   | 8,646   | 8,544   |
| Number of Students   | 527,513 | 526,466 | 523,516 | 519,397 | 513,519 |
| Pct. Immunized for Polio 3+                                | 97.1%   | 96.9%   | 97.1%   | 97.2%   | 96.7%   |
| DTP 4+   | 96.3%   | 96.3%   | 96.6%   | 96.6%   | 96.5%   |
| MMR 2+   | 96.4%   | 96.3%   | 96.7%   | 97.0%   | 97.6%   |
| Hep B 3+   | 97.0%   | 96.3%   | 97.7%   | 98.1%   | 96.8%   |
| Varicella 1+*  | n/a     | n/a     | 96.9%   | 98.3%   | 98.6%   |
| Pct. of Enrollees Who Received All Required Immunizations* | 91.88%  | 92.20%  | 90.85%  | 92.29%  | 92.53%  |
| Pct. with Personal Medical Exemption                       | 0.13%   | 0.11%   | 0.14%   | 0.15%   | 0.13%   |
| Pct. with Personal Belief Exemption                        | 0.66%   | 0.77%   | 1.19%   | 1.11%   | 1.16%   |
| Pct. of Conditional Entrants                               | 7.33%   | 6.92%   | 7.82%   | 6.45%   | 6.18%   |

\*For Varicella, this figure includes children with physician-documented disease

Source: Fall California School Assessments 1999–2003

Prepared by California Department of Health Services, Immunization Branch

**Table 4: Seventh Grade Immunization Assessment, 1999–2003**

|  | 1999    | 2000    | 2001    | 2002    | 2003    |
|--|---------|---------|---------|---------|---------|
| Number of Schools  | 4,048   | 4,117   | 4,544   | 4,527   | 4,553   |
| Number of Students   | 464,476 | 497,870 | 520,564 | 543,679 | 544,564 |
| Pct. Immunized for Hep B 3+                                | 68.6%   | 72.5%   | 73.4%   | 77.1%   | 81.6%   |
| MMR 2+   | 93.2%   | 95.0%   | 95.2%   | 95.7%   | 96.6%   |
| Pct. of Enrollees Who Received All Required Immunizations* | 65.09%  | 69.46%  | 70.04%  | 74.05%  | 78.84%  |
| Pct. with Personal Medical Exemption                       | 0.20%   | 0.20%   | 0.17%   | 0.17%   | 0.17%   |
| Pct. with Personal Belief Exemption                        | 1.40%   | 1.30%   | 1.36%   | 1.29%   | 1.24%   |
| Pct. of Conditional Entrants                               | 33.31%  | 29.04%  | 28.43%  | 24.49%  | 19.75%  |

\*For Varicella, this figure includes children with physician-documented disease

Source: Fall California School Assessments 1999–2003

Prepared by California Department of Health Services, Immunization Branch

**Table 5: Random Digit Dial Results for San Diego County: 4:3:1 and 4:3:1:3:3:1 Coverage Rates, 2002 and 2003**

|                                      | n   | 4:3:1 <sup>1</sup> | 4:3:1:3:3:1 <sup>2</sup> |
|--------------------------------------|-----|--------------------|--------------------------|
| NIS (San Diego Country Results) 2002 | 402 | 79.0±5.7           | 70.7±6.3                 |
| San Diego RDD 2002                   | 772 | 84.8±4.0           | 81.2±4.2                 |
| San Diego RDD 2003                   | 902 | 88.9±2.5           | 83.6±3.0                 |
| Healthy People 2000 Goal             |     | 90%                |                          |
| Healthy People 2010 Goal             |     |                    | 80%                      |

<sup>1</sup> 4 DTaP, 3 Polio, 1 MMR

<sup>2</sup> 4 DTP/DTaP/DT, 3 Polio, 1 MMR, 3 Hib, 3 Hep B, 1 Varicella

Source: California Department of Health Services, Immunization Branch

Prepared by California Dept. of Health Services, Immunization Branch

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## VACCINES FOR CHILDREN (VFC) PROGRAM

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### VFC Provider Reenrollment and Materials

VFC Program Providers were sent their annual re-enrollment/certification forms (VFC Provider Profile, VFC Provider Profile Form-Supplemental, and VFC Provider Enrollment Form). The VFC enrollment now includes a condition (#13) that providers agree to use and keep for at least six months the VFC provided Fahrenheit (°F) "Temperature Log" (IMM-682).

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## PROFESSIONAL INFORMATION AND EDUCATION

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### High Media Scrutiny of Meningococcal Disease

In recent weeks, meningococcal disease cases have made headlines, including a fatality in a UC Berkeley student athlete. Meningococcal disease is uncommon, and the peak incidence occurs in infants. Annually, there are about 2,500 cases in the US, with 300-400 occurring in California. College freshmen, particularly those who live in dorms, have a modestly increased risk of getting meningococcal disease. Of 14 million students enrolled in colleges nationwide, approximately 100 acquire meningococcal disease each year, with 5-15 deaths. In 2001-02, DHS developed a Meningococcal Disease Strategic Prevention Plan ([www.dhs.ca.gov/ps/dcdc/dcdcindex.htm](http://www.dhs.ca.gov/ps/dcdc/dcdcindex.htm)) and an informational flyer (IMM-688) for college freshmen ([www.dhs.ca.gov/ps/dcdc/izgroup/pdf/Meningflyer.pdf](http://www.dhs.ca.gov/ps/dcdc/izgroup/pdf/Meningflyer.pdf)). For additional meningococcal disease information, visit [www.cdc.gov/ncidod/dbmd/diseaseinfo/meningococcal\\_g.htm](http://www.cdc.gov/ncidod/dbmd/diseaseinfo/meningococcal_g.htm).

### CDC's Annual Four-Part VPD Satellite Course


Don't miss CDC's annual live, four-part satellite broadcast "Epidemiology and Prevention of Vaccine Preventable Disease" on four consecutive thursdays: February 19, 26 and March 4, 11. Faculty include Bill Atkinson, M.D., M.P.H., Donna Weaver, M.N., R.N., Sharon Roy, M.D., M.P.H., and Andrew Kroger, M.D., M.P.H. of the National Immunization Program. This live interactive program will provide the most current information available in the constantly changing field of immunization.

### Continuing Education for CDC's IZ Self-Study Courses and ACIP Statements

The CDC is now offering 12 immunization self-study courses on its website and continuing education (CE) credit is available for most of them. To access information on the self-study courses, go to: [www.cdc.gov/nip/ed/video-selfstudy.htm](http://www.cdc.gov/nip/ed/video-selfstudy.htm). Or, to speak with someone about course content, call the National Immunization Information Hotline at (800) 232-2522. For information about CEs, call the Public Health Training Network at (800) 418-7246.

In addition, CE credit is available for reading many online ACIP statements and completing the brief test at the end of the statement. To take advantage of this, download the PDF-file of a statement and complete the test that appears at the end. (Note: HTML versions of ACIP statements do not include a CE test. Look for this phrase on the cover page of the PDF version: "Inside: Continuing Education Examination.") For a quick way to find and download individual ACIP statements, go to the Immunization Action Coalition website at [www.immunize.org/acip](http://www.immunize.org/acip).

### Revised IZ Timing Schedule

A newly revised immunization timing schedule (IMM-395) is now available. The new full-color version, printed on 8 x 11 cardstock, includes the latest CDC recommendations for childhood influenza immunizations for 6-23 month-olds. Copies may be requested from local health departments. Immunization Coordinators should place orders using standard procedures. A sample is included in this  UPDATE.

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## PUBLIC INFORMATION AND EDUCATION

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### "Anyone Can Get Hepatitis B" Campaign Launched in Student Health Centers

Student health centers on UC and state university campuses throughout California are being encouraged to join

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in the efforts to raise student awareness and protection against hepatitis B. A packet of promotion materials created specifically for student health centers was distributed this month. For more information, contact Karina Celaya at (510) 540-2271 or KCelaya@dhs.ca.gov.

### **Vaccinate Before You Graduate Campaign**

Throughout the 2003-04 school year, DHS is supporting a California School Nurses Organization (CSNO) campaign, "Vaccinate Before You Graduate," to increase awareness about the importance of hepatitis B immunizations for high school students who were missed by the 7th grade entry requirement.

### **Vaccination Week in the Americas 2004, April 24-30**

With the motto "Vaccination: An Act of Love," the second Vaccination Week in the Americas (VWA) will be celebrated during the week of April 24-30, the U.S.' National Infant Immunization Week. This year, the U.S.-Mexico Border Health Commission, the Pan American Health Organization, the Centers for Disease Control and Prevention, other federal and state health officials from the U.S. and Mexico and San Diego County will be coordinating a kick off for this multi-national effort to promote immunizations. Plans are still in development and more details will be in the April UPDATE. For the latest information on VWA, contact Karina Celaya at (510) 540-2271 or KCelaya@dhs.ca.gov.


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## **INFLUENZA AND PNEUMOCOCCAL ACTIVITIES**

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### **Respiratory Disease Prevention Campaign Launched in December**

A set of respiratory disease prevention materials was provided to health departments and schools in late December in response to influenza seasonal activity. The various items can be displayed in medical practices, hospitals, clinics, schools or other public places. To help promote these materials, the Department of Health Services partnered with the Department of Education in three press conferences to launch the school respiratory prevention tool kit. The press release can be viewed at [www.cde.ca.gov/news/releases2003/rel90.asp](http://www.cde.ca.gov/news/releases2003/rel90.asp).

"Health Alert" (IMM-783), "Stop Disease" (IMM-780), and "Germ-Free Zone" (IMM-789) are available in a self-adhering "static-cling" format, and "Cover Your Cough" (IMM-784) is available as a table tent. Additional supplies are available for ordering by local health departments, and samples are included in this  Update.

Downloadable copies of the materials mentioned above, and others in the full set, are posted on the DHS website at [www.dhs.ca.gov/ps/dcdc/izgroup/flu.htm](http://www.dhs.ca.gov/ps/dcdc/izgroup/flu.htm).

### **Storage of Intranasal Flu Vaccine Simplified**

The manufacturers of the intranasal influenza product FluMist® have announced FDA-approved changes in storage requirements. FluMist® received between December 31, 2003 and March 31, 2004 may be stored in a conventional frost-free refrigerator/freezer combination unit (i.e., a refrigerator with a separate, isolated freezer section). New data have shown that FluMist® remains stable for at least 3 months in conventional frost-free freezers without the use of the proprietary freezer insert. For additional information on vaccine storage, contact the manufacturer at (800) 411-0086.

### **Pandemic Influenza Work Group Invitation**

The experience of the 2003-04 flu season highlights the importance of preparing for pandemic influenza. Many local health departments have already begun pandemic influenza planning, and many more have expressed interest in initiating the planning process. DHS is proposing the formation of a Pandemic Influenza Work Group with members drawn from DHS, local health departments and other partners. The workgroup's purpose will be to create an open forum to exchange ideas on pandemic influenza planning and preparedness issues. Because pandemic planning overlaps with bioterrorism planning, this workgroup will help build capacity for all-hazards response. Contact Trevor Shoemaker at (510) 540-3568 or TShoemaker@dhs.ca.gov.

### **Avian Flu Vaccine Research Underway**

The World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC) are continuing research on vaccine development for the prototype H5N1 virus. As reported this month in the New York Times, three laboratories, including CDC in Atlanta, St. Jude Children's Research Hospital in Memphis and the National Institute for Biological Standards and Control in London are working with the WHO on a new method called reverse genetics. The technique involves substituting harmless influenza genes for the ones that make the strain lethal to birds. The ultimate goal is to develop a seed virus that WHO would deliver free-of-charge to drug manufacturers over the next couple of months so they can work on a human vaccine.

*More on page 6...*

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## SMALLPOX AND BT ACTIVITIES

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### DC Smallpox Train-the-Trainer CD-ROM: "Smallpox: Disease, Prevention and Intervention"

The Centers for Disease Control and Prevention (CDC) has produced a smallpox train-the-trainer CD-ROM: "Smallpox: Disease, Prevention and Intervention," designed to provide basic training for response teams and response planners on recognition and response to a bioterrorist attack using smallpox. The target audience spans BT response teams, civic/community leaders, clinicians, emergency medical services, epidemiologists, first responders, health officers/educators/planners, infection control professionals, lab personnel, nurses, pharmacists, physician assistants, physicians, program managers, and public health staff.

Single copies are available free of charge from the Public Health Foundation [www.phf.org](http://www.phf.org) (click on "Bookstore" and then on "Bioterrorism/Emergency Preparedness"). Much of the content can also be accessed via the web at [www.bt.cdc.gov/agent/smallpox/training/overview](http://www.bt.cdc.gov/agent/smallpox/training/overview).

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## IMMUNIZATION REGISTRIES

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### Registry Meeting Set For April 22-23

The next meeting for the Statewide Immunization Information System (SIIS) will be held on April 22-23, at the Doubletree Hotel, Berkeley Marina. The meeting will bring together registry personnel and other stakeholders from across the state to promote issues of integration, development and ongoing implementation of California's regional registries and statewide immunization registry system. For more information contact Cecile Birner at [CBirner@dhs.ca.gov](mailto:CBirner@dhs.ca.gov). To request registration materials, contact Qiana Johnson at [QJohnson@dhs.ca.gov](mailto:QJohnson@dhs.ca.gov).

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## IZ COALITION ACTIVITIES

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### 4th Annual Adult Immunization Summit in April

Save the date for the Fourth Annual California Adult Immunization Summit, scheduled for April 26, 2004 at the Hyatt Regency Hotel in Sacramento. The Summit promises to bring together diverse organizations, professional societies, health plans, health care providers and others involved in improving adult immunization coverage. The one-day Summit will include a provocative dis-

cussion on lessons learned from the latest flu season, along with breakout sessions that will lay groundwork for future adult immunization initiatives. All representatives of public and private sector health care organizations involved in influenza and adult immunization programs are invited to attend. Details on location, registration and speakers will be publicized soon. For more information contact Maureen Rafferty at (510) 540-3677 or [Mraffer1@dhs.ca.gov](mailto:Mraffer1@dhs.ca.gov).

### 2004 NIIW/TIM Campaign Gears Up

Mark your calendars for National Infant Immunization Week (NIIW): April 25 to May 1, 2004 and Toddler Immunization Month (May 2004). This year's campaign will emphasize pertussis prevention as well as pneumococcal and influenza prevention.

Campaign partners California Coalition for Childhood Immunization (C3I) and the San Diego-based California Distance Learning Health Network (CDLHN) will be helping to plan local media events around the state on April 28, 2004. Interested parties are invited to join the planning efforts. To learn more about how to promote NIIW to local media outlets in your area, contact Karen Norwood at (510) 540-2964 or [KNorwood@dhs.ca.gov](mailto:KNorwood@dhs.ca.gov) or Rick Dailey at (619) 594-2367.

### Immunization Disparities Task Force Seeks Input

*"All members of a community are affected by the poor health status of its least healthy members."*

— *Institute of Medicine*

A new Disparities Task Force, formed after a fall 2003 Immunization Branch strategic planning meeting, will be preparing a strategic plan to address disparities in immunization coverage in California. Task force meetings provide a great opportunity to share resources and information about upcoming events related to racial or ethnic health disparities. The task force is interested in hearing from UPDATE readers about activities and materials you use to help educate others about health disparities. If you have information to share, or if you are interested in participating in the task force, contact Sarah Carroll at [SCarroll@dhs.ca.gov](mailto:SCarroll@dhs.ca.gov) or (510) 540-2484.

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## MISCELLANEOUS

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### Immunization Productions Receive Prestigious Awards

We are pleased to announce that the California Department of Health Services (DHS), Immunization Branch

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and the California Distance Learning Health Network (CDLHN) were recognized with two awards for their efforts in immunization education. Eliminating Health Disparities: A Satellite Broadcast for Outreach Workers was given the Award of Distinction by The Communicator Awards, and Tecnicas de Vacunacion, the Spanish version of "Immunization Techniques", received an Honorable Mention. If you are interested in ordering videotapes of either program, please visit [www.cdlhn.com](http://www.cdlhn.com), email [orders@cdlhn.com](mailto:orders@cdlhn.com) or call (619) 594-5933.

### **Walt Orenstein to Leave CDC**

It has been confirmed that the top federal immunization expert, Walter A. Orenstein, MD, will resign as Director of the Center for Disease Control and Prevention's National Immunization Program (NIP) on March 1. While the change represents a great loss to NIP, the academic sector will now benefit from his expertise. Dr Orenstein will be joining the faculty of Emory University, School of Medicine. His new role will be as Director of a new Emory vaccine policy program and Associate Director of the Emory Vaccine Center.

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